Ballymun Youth Action Project

A Community Response To Drug & Alcohol Misuse

August 2016

The Newsletter

Boxing Clever Certificate Presentation 2016

The Boxing Clever Programme held their certificate presentation in May. The



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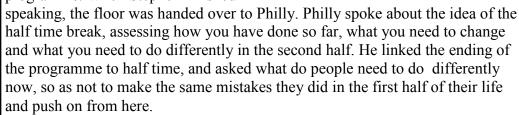
There was a great turnout on the day, from the participants, tutors and friends. Karl O'Brien, Co-ordinator, opened the event with a brief overview of the programme and then turned the floor over to some of the tutors. Ann O'Connell spoke about her experience working with the participants on the Community Addiction Studies Course and Caroline Hogarty spoke about her

experience teaching The Health Related Fitness component of the programme.

Billy Duggan and Denise Pimley, mentors, spoke about how they found working with the group and the transitions they noticed in the participants, from the start to the end of the programme.

An ex participant, Stephen Kiely, was invited on the day to share his experience of being a participant on a previous programme and his journey since completing the programme. When Stephen finished







No Hope

I destroy homes, tear families apart I'll take your children and that's just the start, more costly than diamonds, more costly than gold the sorrow I'll bring is a sight to behold. If you need me remember, I'm easily found, I live all around schools in your town, I live with the rich, I live with the poor, I live down the street and maybe next door. My power is awesome, try me, you'll see but, be warned, if you do you'll never break free. Try me once, I might let you go, try me twice and I'll own your soul. When I possess you, you'll steal and lie and do what you must just to get me. Crimes you will commit for my narcotic charm, you'll lie to your mother, steal from you dad you'll see their tears but won't feel sad. You'll forget your morals and how you were raised. I'll be your conscience, I'll teach you my ways. I'll take kids from parents, parents from kids. I'll take everything, from your looks to your pride, I'll be with you always, right by your side, you'll give up everything your family, your home, your friends, your money, you will be alone. I'll take till you have nothing to give, Then cast you aside like some old works lid and now that I've used you, sit back and pray cause the next one I catch, I'll not let away. M.McC.



Addiction and Me

From a young man I've become a new man, so up on living life the best I can. Say no to drugs and it will save you a trip to jail. Drugs are various, there's not just one, L.S.D. cocaine, heroin, hash. At first you will start with hash or weed then the dealer will throw and switch you to others such as cocaine or meth. You'll sell your mother, for some more coke, hours and hours you'll search the floor Then you'll find there is no more. M.McC.

Our Land

We used to sing songs about what the Brits done to our land.

> They raped, they butchered, they slaughtered our land They took our culture, they took away our pride, Then they left. What did they leave?

They left a broken land, That changed with the times, We turned into gangsters, making money from all kinds of crime. In the name of freedom at the time. Now we have gangsters galore, In all the high places, even the Dáil.

slaughtered, Not by the Brits now but by our own clan. S.H.

S	N	В	Α	L	D	0	Υ	L	Е	М	S	S	N		Е
E	Α	Α	Ν	W	Ο	Т	S	Т	R	Α	Н	Α	W	Ε	N
N	U	L	U	С	Α	Ν	Ε	R	Ε	R	Т	G	0	D	ı
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R	Α	Υ	Ο	Ν	I	F	Α	L	Υ	Ν	Ο	Α	Н	Н	L
Т	Е	F	W	Ν	I	F	Т	Α	R	Ο	M	R	S	Α	0
R	Е	Е	Ν	Ο	R	F	R	D	Т	W	U	Т	Α	L	0
0	Α	R	L	R	Α	Ε	Α	Ν	Ν	Ν	Α	R	В	Α	С
Р	U	M	L	U	S	Н	Е	R	Α	Н	Е	Ν	Υ	M	0
S	W	Ο	R	D	S	Т	S	Α	S	Ο	В	R	Α	Υ	0
U	Н	Т	Ε	Α	Α	K	Ε	D	0	W	L	Υ	L	Α	L
Т	I	Ο	R	В	W	Н	I	Т	Ε	S	Т	Ο	W	Ν	0
Т	Т	W	Α	R	D	Ν	Ο	С	M	U	R	D	Н	Ε	С
0	Е	Ν	U	R	Ν	Α	R	Е	Т	S	Ε	L	L	I	K
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D	Н	Т	Ε	Т	В	K	С	Α	R	R	Α	В	L	I	K

Try find the following words in the grid

Darndale
Saggart
Portrane
Naul
Coolock
Swords
Beaumont
Whitestown
Baldoyle
Raheny

Sutton
Coolmine
Artane
Rush
Malahide
Lusk
Finglas
Ballyfermot
Glasnevin
Santry

Lucan
Marino
Castleknock
Hartstown
Cabre
Ashtown
Kilbarrack
Donabate
Killester
Drumcondra



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Dublin School of Yoga

Yoga at home

I have been teaching Yoga for 15 years and one of the main goals I have is for students to practice Yoga at home, I supply all the necessary information to develop a home Yoga practice, such as handouts, audio files or CDs. There are 2 reasons for this, one is to help people improve their state of health and secondly to create a better more positive atmosphere.



For myself as a Yoga disciple, home practice is essential, it would be hypocritical of me to be encouraging students to practice Yoga more than the class they attend if I wasn't putting it into practice myself. Traditionally we have 5 sadhanas (practices) these are

- 1) Morning mantra
- 2) Morning posture
- 3) Afternoon Yoga Nidra
- 4) Evening meditation
- 5) Spiritual diary-mental bath



Each sadhana has specific benefits, the morning mantras consist of 3 mantras, the Mahamritjunjaya mantra (for physical healing), the Gayatri mantra (for mental clarity) and the Durga mantra (for solving life's problems), each day begins with these 3 mantras immediately upon awakening before anything else.

The next sadhana is posture this is vital to maintain good physical health and it irons out any stress related problems such as bad backs, sore shoulders or any other stress related problems. There is no doubt that regular posture practice helps to keep the body fit and healthy. The postures recommended for morning are Tadasana (palm tree), Tiryaka Tadasana (swaying Palm tree), Kati chakrasana (waist rotation) and 5 rounds of Sun Salutation, all these in combination ensure that all the muscle groups are stretched and worked. In total this sadhana takes up to 20 minutes to complete and it is recommended to lie, for relaxation, for up to 10 minutes after the stretching and count 27 deep breaths and to relax fully. This can be followed by breathing practices and a short meditation. I guarantee you that if you were to try this practice at least once you will feel amazing.

The next sadhana is when you get home from your work, this is important from the point of view that if you have had a shitty day that you don't bring it into the home and throw it about. The practice is Yoga Nidra (deep relaxation), Yoga Nidra has amazing therapeutic qualities and anyone who has ever done it will tell you how lovely it is. Yoga Nidra is a really excellent technique for keeping stress levels down and it also helps with recovering good sleeping patterns. This can be done using a CD or you will find lots of Yoga Nidra on YouTube if you choose to use Yoga Nidra please find one that suits you or ask advice.

Evening meditation is next, there has been so much research done on the benefits of regular meditation that it would take a whole different article to spell it out here but needless to say that meditation has a multitude of benefits, (continued on page 5).

Muscles and joints relax: Although one usually thinks of the physical practices of yoga as being the ones that help to relax the muscles and joints of the body, the meditation practices help to do this as well.

Stress relief - the autonomic-endocrine axis: Meditation practices relieve stress. They have been scientifically proven to move the functioning of the body from the stress response of the sympathetic nervous system and endocrine glands - 'fight or flight' mechanism, to the relaxed parasympathetic nervous system - 'rest and digest' mechanism. In this way we become much more relaxed physically and mentally, thereby opening the horizons of our life and preventing so many of the illnesses that are caused by stress.

Body armour: Conflicts in the unconscious mind can cause tightening of certain related muscle groups in the body, affecting our posture and facial expression. It's almost as if the body is symbolically protecting itself against possible threats from the cause of the mental conflict. Wilhelm Reich called these tight areas 'body armour' and noted that when the cause in the unconscious mind is allowed to surface and is resolved, the tightening goes away. The meditation practices can do just this.

Physical illness: Much scientific research over the years has proved the benefits of meditation in helping relieve physical illness, and returning the person to health. Of course, meditation is designed to help us evolve to our highest potentials, and is really about wellness rather than illness. However, the same factors that are stopping us from realising our full potential, are also causing stress and imbalances in our lives, and as a result cause most illnesses and disability.

After your evening meditation, just before bed, it is time for the spiritual diary or daily diary, this is a simple list of questions that we ask ourselves about our day gone past, it is a tool for self-development and self-improvement and helps us to shine a light on aspects of our lives that we would like to change or adjust so that our daily lives become more harmonious.

And finally the mental bath, this is a truly brilliant, simple, short mental practice, in the mental bath we sit quietly and recall the day in half-hours' sections e.g. if we are going to bed at 11 we sit quietly and move back to 10.30 and recall what we were doing at that time, we recall how we felt or anything that helps us to recall that particular time, from there we go back to 10pm and onto 9.30pm and so on right back to the time we woke up. It is an excellent means of dealing with the day's stress and worries and ensures a good night's sleep.

I would be crazy to expect any new student to take all this on and even experienced students would find implementing these sadhanas a hard task, indeed it has taken me 15 years to develop the strength to incorporate these 5 sadhanas into my life.

I recommend starting with one practice and develop that so that it becomes a normal part of your day, choose whichever one you feel might be best for you and when that is established then choose another. What you are not to do is to try all of them, fail at it and beat yourself up about it. If you have any questions about any of this, I am available to help you.

Cormac Lennon

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Women Of Ireland

In 1916 the Brits had our land A cry went out "take up arms" To the men and women of Ireland To fight for their rights And fight for the land. Women had no rights, they were a bit lost But they stood by their men To fight for the cause. They had no right to vote. If they got pregnant, they got the boat. If a woman was married, she could not refuse She was his property there to be used. She could not sit on a jury, She did not have a say. She was a second class citizen At the end of the day. A lot has happened in 100 years, Women have more rights now And now are more revered.





S.H.





The next Boxing Clever Programme will start in September, if you are interested please talk to Karl or any of the staff in Y.A.P.

Thanks to all contributors for the various pieces we were given for this newsletter. If you have any other pieces please give them to us and we can look to include them in the next newsletter.

Can't Write / Won't Write

Fed up, so tired, can't write, won't write, nothing to say, wanna scream, wanna shout, can't sit still, need to move about, feel tortured, mind buzzing, no ideas, no words, feel distracted, mind on other things

Can't write, won't write, same style, same story, different character, same words, same end, same beginning, same character, need lots of help, fed up, so tired, pissed off.

Can't write, won't write, wish I had an idea, a good idea, no ideas, pressure pressure pressure, no expression, not good enough, not up to standard, no good, no words.

Can't write, won't write, see the wall ahead

Need to knock it down, want to rip it down with my bare hands, if I get rid of that wall, get rid of all my troubles.

Need to free my soul, need to free my spirit, the wall, the wall, can't get round it, can't get over it, need to tear it down.

What is the wall, I see bricks but it's not bricks,

A symbol of something, the wall is a symbol of something

What is it a symbol of, if I knew what it was I could tear it down, break it down, is it fear, but fear of what?

Can't write, won't write, someone help me write,

What do I wanna say, how am I going to say it, can't find the words, don't know the words, compare myself to others, shouldn't but I do still, see the wall, feel the wall, can't breathe, can't stop, hands are sore, arms are sore, fed up, pissed off.

Wanna write, can't write, can't find the words, can't find ideas, the wall, the wall, oh that bloody wall. Victoria. S.



Ballymun Youth Action
Project Limited



Surveys show Irish teenagers are among the top cocaine users in Europe.

What is cocaine?

Cocaine is a powdery substance which is usually white when at its purest and can turn a yellowish colour when it has been tampered with. Cocaine is a powerfully addictive stimulant that directly affects the brain. Cocaine was labelled the drug of the 1980s and 1990s because of its extensive popularity and use during that period. Cocaine is known by a variety of other names, including: coke, Charlie, sniff, C, Pepsi, nose candy. Crack cocaine is also known as a variety of other names, including: rock, base and sugar block.

Speedball is a mix of cocaine and heroin mixed together which gives a completely different effect to when these are taken individually.

How people take the drug:

People can use cocaine in many ways, in Ballymun, snorting lines appears to be the most popular method. So most people snort it, some smoke it and a small minority inject it.

Facts about Cocaine:

- Injecting cocaine can result in abscesses
- It can affect your breathing, your heart and your liver
- There is a huge financial cost linked with cocaine use
- There are huge mental and physical health problems linked with cocaine use

Effects of Cocaine use:

Cocaine affects everyone differently, based on: size, weight, and health. Whether the person is used to taking it, (tolerance), whether other drugs are taken around the same time, the amount taken and the strength, purity of the drug.

What are the short-term effects of cocaine?

Cocaine causes a short-lived, intense high that is immediately followed by the opposite intense depression, edginess and a craving for more of the drug. People who use it often don't eat or sleep properly.

What are the long-term effects of cocaine?

As tolerance to the drug increases, it becomes necessary to take greater and greater quantities to get the same high. Prolonged daily use causes sleep deprivation and loss of appetite. A person can become psychotic and begin to experience hallucinations.

As cocaine interferes with the way the brain processes chemicals, one needs more and more of the drug just to feel "normal." People who become addicted to cocaine (as with most other drugs) lose interest in other areas of life.

The Risks:

Occasionally a binge or run of cocaine over a period of days can result in bizarre, aggressive and violent behaviour, with severe persecutions complexes and fear.

Physiological effects of cocaine:

Cocaine produces its powerful high by acting on the brain. But as cocaine travels through the blood, it affects the whole body.

- *Heart:* Cocaine is bad for the heart. Cocaine increases heart rate and blood pressure while constricting the arteries supplying blood to the heart.
- *Brain:* Cocaine can constrict blood vessels in the brain, causing strokes.
- Lungs and respiratory system: Snorting cocaine damages the nose and sinuses. Regular use can cause nasal perforation. For example Danielle Westbrook-who had nostril damage from heavy use of cocaine which resulted in the loss of her friends, her family, her job and not to mention her sense of smell.
- *Kidneys:* Cocaine can cause sudden, overwhelming kidney failure through a process called rhabdomyolysis.

Social impact of cocaine use:

There are clear social problems arising from cocaine use and these are in keeping with the issues listed on the Merchants Quay Ireland website.,

- Chaotic home environment
- Parenting problems
- Family adjustment
- Stigma
- Discarded needles-unsafe physical environments
- Crime and violence
- Poverty

Imprison

Side effects of chronic use of

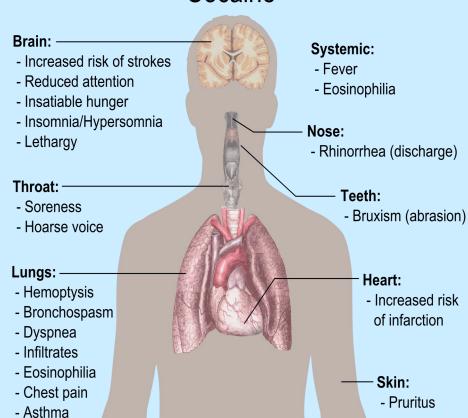
Cocaine

Drug use can lead to social and emotional problems and can affect relationships with family and friends. For example, users may develop paranoid behaviour and become difficult to live with, focus only on drugs and have no time for friends, or argue about money and other things easily.

Conclusion:

Cocaine use inevitably leads to bad physical health, recurring mental problems, impacts badly on your family, the local community and your mental state. It also affects you financially.

R.S.



Addictive drugs and gambling rewire brain neural circuits in similar ways

In the past, pathological gambling was viewed as more of a compulsion than an addiction—a behaviour primarily motivated by the need to relieve anxiety rather than a craving for intense pleasure. The American Psychiatric Association (APA) officially classified pathological gambling as an impulse-control disorder, similar to kleptomania. In 2013, the association moved pathological gambling to the addictions chapter in the manual's latest edition, the DSM-5. The



decision, which followed 15 years of deliberation, reflects a new understanding of the biology underlying addiction and has already changed the way psychiatrists help people who cannot stop gambling.

More effective treatment is increasingly necessary because gambling is more acceptable and accessible than ever before, all you need is an Internet connection or a phone. Various surveys have determined that around two million people in the U.S. are addicted to gambling, and for as many as 20 million citizens the habit seriously interferes with work and social life.

Two of a Kind

The APA based its decision on many recent studies in psychology, neuroscience and genetics demonstrating that gambling and drug addiction are far more similar than previously realised. Research in the past two decades has dramatically improved neuroscientists' working model of how the brain changes as an addiction develops. In the middle of our cranium, a series of circuits known as the reward system links various scattered brain regions involved in memory, movement, pleasure and motivation. When we engage in an activity that keeps us alive or helps us pass on our genes, neurons in the reward system squirt out a chemical messenger called dopamine, giving us a little wave of satisfaction and encouraging us to make a habit of these actions. When stimulated by amphetamine, cocaine or other addictive drugs, the reward system disperses up to 10 times more dopamine than usual.

Continuous use of such drugs robs them of their power to induce euphoria. Addictive substances keep the brain so awash in dopamine that it eventually adapts by producing less of the molecule and becoming less responsive to its effects. As a consequence, addicts build up a tolerance to a drug, needing larger and larger amounts to get high. In severe addiction, people also go through withdrawal—they feel physically ill, cannot sleep and shake uncontrollably—if their brain is deprived of a dopamine-stimulating substance for too long. At the same time, neural pathways connecting the reward circuit to the prefrontal cortex weaken. Resting just above and behind the eyes, the prefrontal cortex helps people tame impulses. In other words, the more an addict uses a drug, the harder it becomes to stop.

Research to date shows that pathological gamblers and drug addicts share many of the same genetic predispositions for impulsivity and reward seeking. Just as substance addicts require increasingly strong hits to get high, compulsive gamblers pursue ever riskier ventures. Likewise, both drug addicts and problem gamblers endure symptoms of withdrawal when separated from the chemical or thrill they desire.

Neuroscientists have learned that drugs and gambling alter many of the same brain circuits in similar ways. These insights come from studies of blood flow and electrical activity in people's brains as they complete various tasks on computers that either mimic casino games or test their impulse control.

A 2005 German study suggests problem gamblers, like drug addicts, have lost sensitivity to their high: when winning, subjects had lower than typical electrical activity in a key region of the brain's reward system. *Cont. P12*

A No Bake Cake

Ingredients

2 x Chocolate Swiss Rolls 1 x 10 fl oz of cream

1 x Tin Strawberries



Equipment

Protective clothing and gloves Electric mixer Mixing bowl x 2

Cake mould Tin opener Knife Spoons x 3

Method

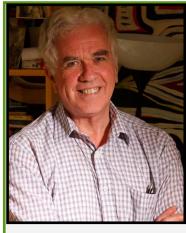
- 1. Put on protective clothing
- 2. Open tin of strawberries, remove the strawberries but save juice for later
- 3. Whip the cream until thick
- 4. Open Swiss Rolls and cut into 2cm slices
- 5. Arrange slices around the inner sides of the mould
- 6. Pour half of the juice from the strawberries over the Swiss Roll slices
- 7. Put half the cream into the mould
- 8. Put half the strawberries into the mould on top of the cream
- 9. Cover the cream and strawberries with slices of Swiss Roll
- 10. Pour half of what's left of the strawberry juice over the slices
- 11. Put the remaining cream over the slices
- 12. Put the remaining strawberries over the cream
- 13. Cover the cream and strawberries with the remaining Swiss Roll slices
- 14. Pour the remaining strawberry juice over the slices.
- 15. Seal the cake mould and leave to set in the fridge for about 1 hour

To remove cake from the mould

- 1. Remove seal from bottom of mould
- 2. Place mould on serving plate
- 3. Remove small lid from top of mould and wait for about 20 seconds
- 4. The cake should come away easily from the mould



Homelessness 2016



The problem of homelessness has been in crisis now for the past two or three years; indeed today, in my opinion, it is out of control. In that time, there has been four major changes in the problem of homelessness: The number of people becoming homeless has increased dramatically. In Dublin alone, 5 new people became homeless every single day during 2014 and 2015; since January this year, this number has risen to 8 every day.

The number of families becoming homeless has also increased dramatically. In 2012, 8 families became homeless every month; in 2013, this had risen to 20 families a month; in 2014 it was 40 families a month; in 2015, it was 70 families a month; and so far this year, it was 85 families a month.

The profile of homeless persons has changed. The traditional image of homeless people is one of people with addictions and mental health, and of course there are still plenty of them. But the vast majority of people becoming homeless today have only one problem: they cannot afford to pay for their own accommodation. Most have been thrown out of their private rented accommodation because they are unable to pay the exorbitant rents being demanded and cannot find alternative, affordable accommodation. And there is very little social housing available. Some are working, and continue to work, even while living in emergency homeless accommodation. But the stigma of being homeless - namely that if you are homeless there must be something wrong with you - persists. Parents talk of the shame they feel at being homeless; the feeling that they have failed their children, that they are somehow bad parents. They are made to feel unwanted, pariahs in society.

Homelessness today is accompanied by a sense of hopelessness; people see no way out. The route into private rented sector is closed off, there is little social housing available. Most homeless people live with a constant feeling of depression; many have suicidal thoughts from time to time.

What can be done? There are now two issues: one is housing those 6,000 people who are currently registered as homeless and the many others who will not register, because of the stigma. But the more urgent issue is preventing more and more people, and families, from becoming homeless.

The rent supplement has been reduced by 28% since 2007, but rents are now back to their 2007 level. Those on rent supplement are either facing eviction or are "topping-up" the rent from their welfare payments leaving them short of money for food, bills, or other necessary expenses. The rent supplement needs to be increased by 28% to avoid further increase in homelessness.

Secondly, the financial institutions, and vulture funds, are repossessing homes and evicting families who have fallen into mortgage arrears. There are currently 18,200 repossession cases currently before the courts.

Each house repossessed is potentially a family or individual plunged into homelessness. Emergency legislation should be passed to make it illegal to evict a family. In Dublin, there are 45,000 households on the social housing waiting list, which includes those who are homeless. There are also 42,000 permanently empty, boarded up houses and apartments. Emergency legislation to compulsory purchase empty buildings where the owner has no interest, or no finance, to bring them back into use should be introduced. The Government can compulsory purchase land and houses in order to build motorways: why can we not do so in order to house families?

We need a rapid investment in social housing. For the past 20 years, the number of social housing builds has been declining, from about 8,000 per year in the 1980s to less than 250 in the first six months of 2015. We need to build at least 10,000 social houses each year for the next ten years.

A major reason why the problem of homelessness has not been adequately addressed is that it requires a number of Government departments and agencies to work together: the Department of the Environment (which has responsibility for homelessness) requires the cooperation of the Department of Finance, Department of Social Protection, Department of Health, the Local Authorities, the Housing Associations and NAMA. These departments and agencies have their own priorities and policies, which have often meant that they were working against each other, rather than with each other.

The Taoiseach needs to declare a housing emergency, call all departments and agencies together to come up with a strategy, and ensure that everyone is working from the same plan. The current piecemeal approach to the problem is doomed to fail.

Peter McVerry

Research Launch

Minister of State for Communities and the National Drugs Strategy, Catherine Byrne launched the latest piece of research to come from the YAP / UCD research alliance. The Research was compiled by Dr. Laura O'Reilly, Urrus and Dr. Sarah Morton, UCD and focused on the area of "Community Based Low Threshold Substance Use Services", Practitioner Approaches and Challenges. Laura and Sarah met the workers of YAP four times to explore some of the approaches and challenges those workers encountered when working with people in active addiction or whose circumstances were very challenging.

Key findings included the importance of relationship building, desirable skills, awareness of the impact on the worker and the importance of boundaries. Well done to all involved.





We are really excited to be involved with two film crews at the moment. One crew is working on producing a film on the Boxing Clever Programme and the other crew, Ballymun Communications, is working on a short promotional film and a longer more documentary type film on YAP. Over the past 3 months BYAP & UCD have being working with students, practitioners, mentors and funders to produce a Boxing Clever Research Video that will highlight the impact and effectiveness of the programme through a 5-7 min video.

Brian & Saskia from the video production team have worked around Ballymun recording different visuals to match the experience of the story told by the participants. We would like to thank all the participants, mentors, practitioners and funders who gave their valuable time to create the video. The last edits are currently in progress and we expect the video to launch by early September, in time for the Oscars.



The Global Drug Survey (GDS) runs the world's biggest drug survey and provides invaluable insight into the world's drug taking habits. For the second year running, more than 100,000 people from over 50 countries were surveyed.

The data analysis and report preparation began in February and early themes are beginning to emerge from the data.

The 2015 results raised concerns about the drinking habits of Irish people when compared to other countries worldwide and our "reputation for heavy drinking is well deserved" according to the Global Drugs Survey.

Over 100,000 people took part in the survey in 2015 and it looked at people's relationship with alcohol and both commonly used and not so commonly used drugs. The nuggets of information regarding Ireland's relationship with alcohol were both revealing and worrying.

The survey revealed, for example, that Ireland had higher rates of drinkers at risk of dependence than other countries surveyed. It also found that Irish people reported needing to drink more alcohol than almost any other country to get as drunk as they wanted to be. Interestingly, the survey also found that Irish people had the highest rates of getting drunk more often than they wanted to, of attending A&E and had the highest proportion of drinkers who want to drink less in the coming year.

Key themes from the GDS 2016 were; Synthetic cannabinoids more riskier than ever, the rise and rise of dark-net drug markets around the world, more people are shopping on the dark net, big increase in cocaine, MDMA and nitrous use among clubbers, better quality MDMA leading to more A&E admissions, nitrous oxide and nerve damage and why people should avoid drinking spirits.

To take part in the next Global Drugs Survey go to www.globaldrugsurvey.com

Drug Using Myths

There are some myths about injecting that seem to be around for so long that people believe them.

"Used works that look clean are sterile"



Infectious quantities of HIV and Hepatitis can live in small drops of blood, that are so small the eye can't see them. There is no way of being sure that used works are free of infection.

"Dirty works can be reused if you rinse them with boiling water"



Flushing with boiling water can cause the formation of a protective skin over any droplets of blood that are in the needle or spike. Viruses and bacteria can then live unharmed in this protective droplet.

"It is ok to reuse filters"



Filters collect infection, they can be the perfect breeding ground for bacteria and are a place where hepatitis and HIV can survive for long periods of time.

"We sleep together so we might as well share works"



Sharing with your partner exposes you to more risks. Hepatitis C is seldom transmitted sexually, but it is highly infectious through injecting. To protect yourself, and your partner, use a condom and never share works, mixing water, filters or spoons.

Except from The Safer Injecting Handbook



We are delighted to be partnering UCD and The Health Research Board in hosting and organising the 10th gathering of this International Conference. The 2017 Club Health Conference will be held in Dublin Castle from May 24-27.

The conference will address nightlife, substance use and related health issues and if it is anything like last years conference in Portugal, it promises to be a very fruitful exchange of ideas and views.

It is hoped Global Drug Survey supremo Dr. Adam Winstock will be among this years contributors.

Ballymun Youth Action Project for up to date information on services, activities and events, like us on Facebook



Addiction Support Services Ballymun

YAP - Ballymun Youth Action Project

Horizons Centre, Balcurris Rd.

Tel: 01 8428071

Domville House Treatment Centre

Main Street, Ballymun

Tel: 01 8620111

Contact Service

Evening and weekend services which provides drug and alcohol advice, information and Support
Tel: 086 -7915053; 086 - 2482858.

Ballymun Job Centre

Ballymun Shopping Centre

Tel: 01 866 7000

YAP - Aftercare

Support for Recovering Drug Users

Tel: 01 8428071

The Star Project

Horizons Centre, Balcurris Road

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Addictive drugs and gambling rewire neural circuits in similar ways, (Cont. from P10)

A new understanding of compulsive gambling has also helped scientists redefine addiction itself. Whereas experts used to think of addiction as dependency on a chemical, they now define it as repeatedly pursuing a rewarding experience despite serious repercussions. That experience could be the high of cocaine or heroin or the thrill of doubling one's money at the casino. "The past idea was that you need to ingest a drug that changes neurochemistry in the brain to get addicted, but we now know that just about anything we do alters the brain," says Timothy Fong, addiction expert. "It makes sense that some highly rewarding behaviours, like gambling, can cause dramatic [physical] changes, too."

Therapists have already found that pathological gamblers respond much better to medication and therapy typically used for addictions rather than strategies for taming compulsions such as kleptomania. For reasons that remain unclear, certain antidepressants alleviate the symptoms of some impulse-control disorders; they have never worked as well for pathological gambling, however. Medications used to treat substance addictions have proved much more effective. Opioid antagonists, such as naltrexone, indirectly inhibit brain cells from producing dopamine, thereby reducing cravings.

Dozens of studies confirm that another effective treatment for addiction is cognitive-behaviour therapy, which teaches people to resist unwanted thoughts and habits.

Exert from Scientific American, Nov 2013 "How the Brain Gets Addicted to Gambling"